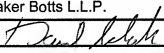


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TRANSMITTAL FORM	Application Number	10/509,442	
	Filing Date	09/26/2005	
	First Named Inventor	Seth Houston	
	Art Unit	2169	
	Examiner Name	Son T. Hoang	
(to be used for all correspondence after initial filing)		Attorney Docket Number	065855.0320
Total Number of Pages in This Submission			

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <input type="text"/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Baker Botts L.L.P.	
Signature		
Printed name	David Schalk	
Date	12/26/2007	Reg. No. 60,527

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name		Date

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FEE TRANSMITTAL for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,050

Complete if Known

Application Number 10/509,442
Filing Date 09/26/2005
First Named Inventor Seth Houston
Examiner Name Son T. Hoang
Art Unit 2169
Attorney Docket No. 065855.0320

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 02-4377
Deposit Account Name Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims	<input type="text"/>	x 50 =	<input type="text"/> \$0
Independent Claims	<input type="text"/>	x 210 =	<input type="text"/> \$0
Multiple Dependent	<input type="text"/>	=	<input type="text"/> \$0

SUBTOTAL \$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	<input type="text"/> 50	<input type="text"/> 25
Independent claims in excess of 3	<input type="text"/> 210	<input type="text"/> 105
Multiple dependent claim, if not paid	<input type="text"/> 370	<input type="text"/> 185

FEE CALCULATION (continued)

ADDITIONAL FEES

<input type="checkbox"/> Surcharge - late oath or filing fee	<input type="text"/>
<input type="checkbox"/> Non-English Specification	<input type="text"/>
<input type="checkbox"/> Extension for reply within first month	<input type="text"/>
<input type="checkbox"/> Extension for reply within second month	<input type="text"/>
<input checked="" type="checkbox"/> Extension for reply within third month	<input type="text"/> \$1,050
<input type="checkbox"/> Extension for reply within fourth month	<input type="text"/>
<input type="checkbox"/> Extension for reply within fifth month	<input type="text"/>
<input type="checkbox"/> Notice of Appeal	<input type="text"/>
<input type="checkbox"/> Filing a brief in support of an appeal	<input type="text"/>
<input type="checkbox"/> Petition to revive - unavoidable	<input type="text"/>
<input type="checkbox"/> Petition to revive - unintentional	<input type="text"/>
<input type="checkbox"/> Utility Issue Fee	<input type="text"/>
<input type="checkbox"/> Design Issue Fee	<input type="text"/>
<input type="checkbox"/> Publication Fee	<input type="text"/>
<input type="checkbox"/> Petitions to the Commissioner	<input type="text"/>
<input type="checkbox"/> Request for Continued Examination (RCE)	<input type="text"/>
<input type="checkbox"/> Information Disclosure Statement (IDS)	<input type="text"/>
Other fee -	<input type="text"/>

SUBTOTAL (\$) 1,050

SUBMITTED BY

Name (Print/Type)

David Schalk

Signature



Registration No.
(Attorney/Agent)

60,527

(Complete if applicable)

Telephone

212-408-2500

Date

12/26/2007

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